

State of Minnesota**District Court**

County _____

Judicial District: _____

Court File Number: _____

Case Type: _____

Family

In Re the Custody of:

Born (mo/day/yr) __________
(Petitioner/Plaintiff)

vs.

(Respondent/Defendant)**Affidavit in Support of Responsive
Motion to Establish Custody
And Parenting Time**STATE OF MINNESOTA)
) SS
COUNTY OF _____)

My name is _____ and I state under oath that:

1. I am the Respondent in this case, and I make this *Affidavit* in support of my responsive motion for custody and parenting time (visitation).
2. A juvenile court proceeding or child protection case involving any or all of the children in this case is open: ☐ YES ☐ NO.

If YES, this case is in _____ County in the State of _____, and the case file number is _____.

The child protection worker's name is _____.

3. An *Order for Protection* involving me and: ☐ Petitioner ☐ Respondent (*print full name*) _____ and/or the child(ren) exists: ☐ YES ☐ NO.

If YES, this case is in _____ County in the State of _____, and the case file number is _____.

A copy of the *Order for Protection* is attached.

4. The children currently live with:

☐ Me

☐ Petitioner

☐ Respondent (*print full name*): _____.

I am the child(ren)'s: (*list relationship*) _____.

The other party is the child(ren)'s: (*list relationship*) _____.

The address of the child(ren) is/are: _____

in the City of _____, State of _____, Zip Code _____.

The child(ren) have lived at this address since: (mo/day/yr) _____.

5. I want the Court to grant **legal** custody of the child(ren) (*check one*):

☐ a. Jointly to both me and: ☐ Petitioner ☐ Respondent _____.

because _____

☐ b. Solely to (check one):

☐ Me

☐ Petitioner

☐ Respondent (*print full name*): _____

because _____

6. I want the Court to grant **physical** custody of the child(ren) (*check one*):

☐ a. Jointly to both me and: ☐ Petitioner ☐ Respondent _____

with the child(ren) living with me at the following times: _____

and the child(ren) living with ☐ Petitioner ☐ Respondent _____

(Full name of other party)

at the following times: _____

- ☐ b. Solely to (check one):
- ☐ Me
- ☐ Petitioner
- ☐ Respondent (*print full name*): _____

7. I believe that my request for physical custody is in the best interest(s) of the child(ren) because (*list your reasons why, **be specific***) _____

8. I want to respond to things the other party stated at paragraph 7 of his/her *Affidavit*. My response is: _____

9. I want the parenting time schedule as stated in my *Motion*. I believe that this schedule is in the best interest(s) of the child(ren) because _____

10. I want to respond to the other party's requests for parenting time. My response is: _____

11. I want the Court to order supervised parenting time: ☐ YES ☐ NO

If yes, I believe supervised parenting time is in the best interest(s) of the child(ren) because: _____

12. The Petitioner has asked the Court to order supervised parenting time for me and the child(ren):

☐ YES ☐ NO If yes, I object. My response to Petitioner's statements in paragraph 9 of his/her Affidavit is: _____

13. I want the Court to order that the child(ren) be transferred at a **visitation exchange center** if one is located in the area, and for both parties to follow all rules of the visitation exchange center:

☐ YES ☐ NO. If YES, this is the best interest(s) of the child(ren) because _____

If NO, the child(ren) should be transferred at: _____
because _____

Note: The visitation exchange center may require the parties to pay a fee for each exchange.

14. Medical insurance for the child(ren) totals \$_____ per month and is currently provided by (check one):

☐ Petitioner

☐ Respondent (*full name*) _____

☐ Shared by both parties

15. Child care expenses for the child(ren) totals \$ _____ per month and is currently paid for by (check one):

☐ Petitioner

☐ Respondent (*full name*) _____

☐ Shared by both parties

16. Check all that apply:

☐ a. There is currently a court order requiring _____ to pay child support to _____ in the amount of \$ _____ per month.

☐ b. I am asking the Court to decide or modify child support. I believe the other party (*print full name*) _____ works at _____

and earns \$ _____ per: ☐ week ☐ month ☐ year ☐ other _____

_____ My current net income per month is \$ _____

from the following sources (*list all sources, such as employer, public assistance, or other source*): _____

_____. I have the following additional sources of income: (*for example, child support for other children, pensions, Supplemental Security Income, Retirement, and Survivor's Disability Income, renters income, etc.*):

Source: _____ \$ _____

Source: _____ \$ _____

Source: _____ \$ _____

17. My monthly expenses are as follows:

a. (*Check one*) ☐ House Payment or ☐ Rent \$ _____

b. Real Estate Taxes, if not included in (a) \$ _____

c. Insurance:

Homeowners, if not included in (a) \$ _____

Auto \$ _____

Life \$ _____

d. Utilities:

Gas \$ _____

Electricity	\$	_____
Telephone	\$	_____
Water and Garbage (<i>average</i>)	\$	_____
Cable TV	\$	_____
e. Food	\$	_____
f. Clothing	\$	_____
g. Laundry and/or Dry Cleaning	\$	_____
h. Personal allowances and incidentals	\$	_____
i. Magazines and Newspapers	\$	_____
j. Uninsured Dental Expenses	\$	_____
k. Uninsured Medical Expenses	\$	_____
l. Transportation Expenses:		
Car Payment	\$	_____
License	\$	_____
Gasoline	\$	_____
Repairs	\$	_____
m. Recreation and Entertainment	\$	_____
n. Children's needs (<i>sports/school/hobbies</i>)	\$	_____
o. Allowances	\$	_____
p. Other (list) _____	\$	_____
q. Charge Accounts and Loans (<i>list</i>):		
Account Name	Balance Owed	
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

TOTAL MONTHLY EXPENSES: \$ _____

The above expenses include expenses for the following individuals: _____

18. The following is additional information regarding the reasons I am requesting to establish custody and parenting time: _____

Dated: _____

Signature (Sign only in front of notary public or deputy/court administrator.)

Name: _____

Sworn/affirmed before me this
_____ day of _____, _____.

Address: _____

City/State/Zip: _____

Notary Public \ Deputy Court Administrator

Telephone: (_____) _____